



**Texas Department of Licensing and Regulation**

PO Box 12057 • Austin, Texas 78711-2057

(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871

www.tdlr.texas.gov • cs.podiatry@tdlr.texas.gov

**PODIATRY DUPLICATE LICENSE/CERTIFICATE/PERMIT REQUEST AND CHANGE OF INFORMATION INSTRUCTIONS**

**All information provided must be typed or printed in black ink.**

1. LICENSEE'S NAME – Write your legal name as it appears on your current license in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. SOCIAL SECURITY NUMBER – Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:  
  
www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014
3. DATE OF BIRTH - Write your birthdate.
4. LICENSE NUMBER – Write your complete license number as it appears on your license.
5. DUPLICATE LICENSE REQUEST - Check the appropriate box for license certificate you are ordering. Forms received without fee(s) will not be processed. \$50 fee required.
6. DUPLICATE CERTIFICATE/PERMIT REQUEST - Check the appropriate box for the certificate or permit you are ordering. Forms received without fee(s) will not be processed. \$10 fee required.
7. LICENSE TYPE THE INFORMATION NEEDS TO CHANGE ON – Check the box(s) that applies for the license you need to change information on.
8. NOTIFICATION: CHANGE MY NAME - Write your **new** legal name in the spaces provided. You must submit a copy of the legal document approving or indicating your name change (ex; Driver's License, Birth Certificate or Marriage Certificate). If you want an updated copy of your license that shows your new name, you must submit the \$50 duplicate license fee with this request.
9. NOTIFICATION: CHANGE MY MAILING ADDRESS - Write your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a PO Box.
10. NOTIFICATION: CHANGE MY PHONE NUMBER - Write your new phone number, including the area code.
11. NOTIFICATION: CHANGE MY EMAIL ADDRESS – Write your new email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
12. CERTIFICATE/PERMIT TYPE THE INFORMATION NEEDS TO CHANGE ON – Check the box(s) that applies for the certificate/permit you need to change information on.
13. NOTIFICATION: CHANGE MY NAME - Write your **new** legal name in the spaces provided. You must submit a copy of the legal document approving or indicating your name change (ex; Driver's License, Birth Certificate or Marriage Certificate). If you want an updated copy of your license that shows your new name, you must submit the \$10 duplicate license fee with this request.

14. NOTIFICATION: CHANGE MY MAILING ADDRESS - Write your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a PO Box.
15. NOTIFICATION: CHANGE MY PHONE NUMBER - Write your new phone number, including the area code.
16. NOTIFICATION: CHANGE MY EMAIL ADDRESS – Write your new email address. Please provide your email address so the department may email license information and required notices to you. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
17. LICENSEE STATEMENT - Date and sign your request form. Changes to your record cannot be made if your request is not signed.



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**PODIATRY DUPLICATE LICENSE/CERTIFICATE/PERMIT  
REQUEST AND CHANGE OF INFORMATION**

DO NOT WRITE ABOVE THIS LINE

**DUPLICATE LICENSE FEE: \$50 (FEE IS NON-REFUNDABLE)**

**DUPLICATE CERTIFICATE FEE: \$10 (FEE IS NON-REFUNDABLE)**

**PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO  
TDLR. FORMS RECEIVED WITHOUT THE FEE WILL NOT BE PROCESSED**

1. Name:

Last Name

First Name

Middle Name

Suffix

2. Social Security Number:

3. Date of Birth:

4. License Number:

(See instruction sheet for disclosure information)

Month Day Year

**DUPLICATE LICENSE REQUEST**

5. Duplicate License Request: (check the box for the license requested) **(\$50 Fee Required)**

☐ Doctor of Podiatric Medicine (DPM)

**DUPLICATE CERTIFICATE/PERMIT REQUEST**

6. Duplicate Certificate Request: (check the box for the certificate requested) **(\$10 Fee Required)**

☐ Hyperbaric Oxygen (HBO) certificate ☐ Nitrous Oxide Oxygen (N2O) permit ☐ Temporary (DPM)

☐ Provisional (DPM) ☐ Podiatric Medical Radiological Technician

**NOTIFICATION OF CHANGE ON LICENSE**

7. License type the information needs to change: (check the box that applies)

☐ Doctor of Podiatric Medicine (DPM) ☐ Temporary (DPM) ☐ Provisional (DPM)

☐ Podiatric Medical Radiological Technician

8. Change my name: **(see instructions)**

Last Name

First Name

Middle Name

Suffix

9. Change my mailing address:

(P.O. Box, Number, Street Name/Apartment Number)

City

State

Zip Code

10. Change my phone number:

11. Change my email address:

Area Code Phone Number

Ex: [john.doe@gmail.com](mailto:john.doe@gmail.com) See instruction sheet for disclosure information

**NOTIFICATION OF CHANGE ON CERTIFICATE/PERMIT**

12. Certificate type the information needs to change: (check the box that applies)

☐ Hyperbaric Oxygen (HBO) certificate      ☐ Nitrous Oxide Oxygen (N2O) permit

13. Change my name: (see instructions)

Last Name

First Name

Middle Name

Suffix

14. Change my mailing address:

(P.O. Box, Number, Street Name/Apartment Number)

City

State

Zip Code

15. Change my phone number:

16. Change my email address:

Area Code

Phone Number

Ex: [johndoe@gmail.com](mailto: johndoe@gmail.com) See instruction sheet for disclosure information17. **LICENSEE STATEMENT**

I certify that I have read and will comply with all applicable provisions of the Podiatry Medical Practice Act; Texas Occupations Code, Chapter 202, and 16 Texas Administrative Code, Chapter 130. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Signature of Licensee

Date Signed